

National Emergency Medical Services Advisory Council

Department of Transportation Headquarters
1200 New Jersey Avenue, SE
Washington, DC
March 31–April 1, 2015

Meeting Summary

These minutes, submitted pursuant to the Federal Advisory Committee Act, are a summary of the discussions that took place during the National Emergency Medical Services Advisory Council (NEMSAC) meeting on March 31 and April 1, 2015.

Members in Attendance

Katrina Altenhofen
Roger Band
Leaugeay Barnes
Harris Blackwood
Arthur Cooper
Carol Cunningham

Patricia Dukes
Kyle Gorman
Thomas Judge
David Lucas
Kenneth Miller
Terry Mullins

Nick Nudell
Daniel Patterson
Aarron Reinert
John Sinclair
Scott Somers
Gary Wingrove

Federal Representatives in Attendance

Drew Dawson, Designated Federal Official, Department of Transportation (DOT) Gregg Margolis, Department of Health and Human Services (HHS), Ray Mollers, Department of Homeland Security (DHS)

DAY 1—TUESDAY, MARCH 31, 2015

Call to Order and Introductions

Aarron Reinert, Chair of the NEMSAC, called the meeting to order at 1:00 p.m. He asked the NEMSAC members to introduce themselves, then asked the other meeting attendees to introduce themselves.

Approval of Previous Meeting Minutes

Mr. Reinert asked the NEMSAC members to consider changes and approval for the summary of the previous NEMSAC meeting (December 3-4, 2014). A motion to approve the minutes was made by Thomas Judge and seconded by Patricia Dukes. The motion to approve the December, 2014 meeting minutes was carried by a unanimous vote.

Welcome and Remarks

Mark Rosekind, Ph.D., NHTSA Administrator

Dr. Mark Rosekind welcomed the NEMSAC members on behalf of himself and Anthony Foxx, Secretary of the Department of Transportation (DOT). He thanked the council members for their efforts and stressed that the deliberations and recommendations of the council are integrated into the work of the DOT. He noted the numbers of deaths and injuries on the nation's roadways (32,719 deaths in 2013), and suggested that improving the odds of survival after a crash are, in part, in the hands of the NEMSAC, which is the only official advisory council for the National Highway Traffic Safety Administration (NHTSA). In this era, EMS agencies respond to some 37 million calls for service each year. Dr. Rosekind also thanked the federal liaisons, who help to transmit information from the NEMSAC to their areas of government. He noted a current DOT initiative addressing emergency vehicle operation training and a drowsy driving initiative that recently began and will include EMS aspects.

In discussion, John Sinclair raised the issue of distracted drivers, especially those who engage in texting while driving. Dr. Rosekind stated that the issue will be included in future efforts addressing the Four Ds of impaired driving (drunk, drugged, distracted, and drowsy driving). He stated that many of the estimated numbers on incidence of impaired driving underestimate the scope of the problems.

Mr. Judge asked about the use of autonomous (self-driving) vehicles. Dr. Rosekind noted current technologies that complement the driving experience to reduce the human element in crashes. Collision warning systems in cars are becoming more available. Vehicle-to-vehicle communication is appearing. Connecting such advances to autonomous technologies will realize the full complement supporting a safer experience.

Opening Remarks and Disclosure of Conflicts

Mr. Reinert expressed his appreciation for the words of Administrator Rosekind and echoed the thanks to the council members for the work that they have been doing. He reviewed the agenda for the meeting, stressing a session on issues surrounding the misuse of opioids.

Drew Dawson asked the members to disclose any real or potential conflicts of interest, noting that conflicts do not preclude membership or engagement in discussions in general but can indicate a need to refrain from taking part in discussions of certain projects. The rules from the code of conduct regarding conflict of interest stipulate that each member consider the following questions:

- Do you work for a company that directly or indirectly contracts with NHTSA, the Department of Transportation (DOT), or any member agency of the Federal Interagency Committee on Emergency Medical Services (FICEMS)? If so, under what contracts and projects?
- Do you benefit financially from NHTSA, DOT, or any FICEMS member agency?
- Are you on a board of directors or in a position of influence at any national organization that does business with NHTSA, DOT, or any FICEMS member agency?
- Are there any other real or potential conflicts of interest you would like to discuss?

Mr. Dawson noted that the NEMSAC members have been asked these questions in previous meetings. He asked each member to indicate whether or not there has been a change in status since the last meeting.

Harris Blackwood stated that his agency in Georgia is funded largely by a grant from NHTSA. He is on the board of directors of the Governor's Highway Safety Association, which has grants from NHTSA. Daniel Patterson, Ph.D., stated that he recently changed affiliation from the University of Pittsburgh to Carolinas Medical Center Department of Emergency Medicine. He received a new grant from the MedEvac foundation to investigate sleep and fatigue, and he maintains grant support from NIOSH, CDC, and FEMA.

The other NEMSAC members reported no changes or new conflicts of interest.

Federal Liaisons Update

Department of Transportation

Mr. Dawson, of NHTSA, introduced himself as the Designated Federal Official for the NEMSAC. He noted that this would be the final meeting for most of the NEMSAC members. He welcomed to the meeting representatives from other federal departments and Mary Lou Leary, Deputy Director of State, Local, and Tribal Affairs for the Office of National Drug Control Policy.

Mr. Dawson noted that NHTSA has responded to a number of NEMSAC's recommendations during the past 7 years. The council's proposed revisions to the EMS Education Agenda for the Future were accepted and will be published soon. The Federal Interagency Committee on EMS (FICEMS) accepted NEMSAC's call to develop a new data-driven agenda for the future. FICEMS has taken to heart NEMSAC's recommendations on the new draft FICEMS strategic plan. NHTSA is supporting the new effort to develop EMS performance measurements, headed by the National Association of State EMS Officials (NASEMSO). For that project, suggestions from the NEMSAC were taken into account.

NHTSA has proceeded with a study on the utilization of Emergency Vehicle Operators Course (EVOC) training, which followed from a NEMSAC advisory recommendation. NHTSA has responded

to NEMSAC deliberations regarding issues such as fatigue in the medical services community, ambulance safety, and a broad culture of safety. NHTSA supported a conference on the use of evidence-based guidelines and developed a model with insight from NEMSAC and FICEMS.

Mr. Dawson concluded that much progress has been made and is being made. One continuing challenge is to match expectations with the resources of the DOT and federal partners. Fiscal realities, budget cycles, and competing priorities limit the efforts. Mr. Dawson thanked the DHS and HHS representatives for helping to nominate the new NEMSAC applicants. Appointments are to be made in April.

Department of Homeland Security (DHS)

Ray Mollers, EMS Program Manager at the DHS, expressed to the council his thanks and the thanks of DHS Secretary Jeh Johnson. He reported that the department is continuing with its Blue Campaign to combat human trafficking. It is developing an educational video that will help support a train-the-trainer resource. The department is developing guidance on active shooter situations—an interagency board met in North Carolina recently, with representation (law enforcement, EMS, and Fire) from 11 municipalities.

The U.S. Fire Administration is updating safety manuals and employing new data. It is advancing a program to standardize tactical EMS. Efforts to bring an anthrax vaccine to first responders are underway.

In discussion, Mr. Mollers noted that the department intends to use expiring anthrax vaccine from the national stockpile in a volunteer program which will grow over time and include the responder community. He noted that the department is supporting a series of video presentations to bring awareness of human trafficking to the law enforcement community. The train-the-trainer efforts will help first responders know how to report potential human trafficking and how to offer resources to potential victims.

Department of Health and Human Services (HHS)

Gregg Margolis, Ph.D., expressed thanks to EMS services for the role they played in the recent Ebola response. He reported on new grant opportunities with EMS implications at HHS. The Office of the Assistant Secretary for Preparedness and Response (ASPR) is offering grants to the states to improve Ebola preparedness in all health care providers, with EMS playing a large role. Another grant opportunity is for a few organizations with Ebola patient experience to support national Ebola training and education. The chosen centers will train health care providers, including EMS providers, to protect themselves when treating people with serious communicable diseases.

Dr. Margolis referred to the HHS pamphlet, distributed at the previous NEMSAC meeting, describing more than a dozen HHS-funded projects related to EMS. For example, the Center for Medicare & Medicaid Services' Center for Innovation has offered 6 grants totaling nearly \$50 million for EMS innovation projects.

In January, the HHS secretary announced goals for moving away from fee-for-service to alternative payment models that link to quality. On March 21, HHS launched the Health Care Payment Learning and Action Network to support increased adoption of value-based payments. It will attempt to transfer lessons learned in the Medicare system to the private health care system.

The Use of Naloxone in EMS Systems

Mary Lou Leary, J.D., Deputy Director, Office of National Drug Control Policy

Mary Lou Leary described work at the Office of National Drug Control Policy (ONDCP) to advance treatment for people who misuse or abuse opioids. Many young lives are lost, and appropriate timely treatment is needed. The ONDCP is seeking to expand medical efforts nationwide and to reduce illicit drug use. It is funding prevention programs, supporting law enforcement, working with federal partners, and coordinating with state and tribal efforts to advance policies. Challenges include prescription opioid abuse and overdose and the diversion of such drugs. Overdose deaths have been increasing. In 2013, about 23,000 Americans died from an overdose of prescription opioids or heroin. The administration's national drug control strategy regards substance use disorder as a brain disease.

Ms. Leary presented background on the medication naloxone, an opioid antidote, which, when applied during an overdose, can contribute to saving a life. Various medications today can control cravings and support treatment and recovery. A major problem is that the provision of treatment has not caught up with harmful drug use. Recent state legislation has allowed some law enforcement agencies to deploy naloxone in the field. The Substance Abuse and Mental Health Services Administration (SAMHSA) will be offering \$12 million in grant funding to states to provide naloxone and support education. Ms. Leary noted that we need to increase access to treatment that uses FDA-approved medications. The FDA recently approved technologies that will aid in administering naloxone. Ms. Leary encouraged the EMS community to engage more fully the problem of drug overdosing and the need to administer naloxone. She expressed hope that NHTSA guidelines will add the use of naloxone in its newest EMS scope of practice model and will engage in dialogue about working together.

Discussion

Scott Somers, Ph.D., raised the issues of naloxone's rising cost and reduced availability. What are the negative consequences of administering naloxone? Many law enforcement officers do not have first aid training. Ms. Leary stated that her office is working with the FDA to develop new sources of naloxone. New grant funding from the Department of Justice and SAMHSA is being made available and will help with costs, at least to a small extent. Ms. Leary added that law enforcement officers receive at least basic training in keeping a person's airway clear. We need feedback loops to understand where problems exist.

Mr. Judge wondered about possibly allowing the lay public to administer naloxone. Ms. Leary stated that her office supports making naloxone available to the family and friends of a person with opioid use disorder. Roger Band, M.D., stressed the need to educate the prescribers of opioids on the dangers

of misuse and to advance monitoring programs. Ms. Leary noted that we have prescription drug monitoring programs in nearly all states now. Kyle Gorman wondered how the EMS community might help on the prevention side—how might it integrate with the medical community? Ms. Leary cited the importance of interacting on a high level with professional medical associations and community partners. Arthur Cooper, M.D., added that altered mental status can be hard to identify and that naloxone is not a panacea. Perhaps our sense of the scope of emergency medical providers should be widened to include lay persons who are allowed to initiate emergency medical care. Carol Cunningham, M.D., noted a troubling situation in some emergency departments, in which physicians hope to gain a good pain management score on a patient satisfaction survey by overprescribing opiate drugs to patients.

The NEMSAC agreed to continue this conversation through the year and to determine if recommendations are appropriate at future meetings.

Subcommittee Work: Presentations and Discussions (Part 1)

NEMSAC Annual Report Subcommittee

Terry Mullins presented the draft annual report, explaining that the subcommittee process involved inserting needed content, then using conference calls to make comments and suggestions. The group was guided by the format and content of the previous year's report. The members agreed to highlight the value of inviting federal liaisons to the meetings and the value of the public comment periods. The draft report mentions the three products that were approved at the last NEMSAC meeting in December.

Mr. Judge suggested that the document include a list of activities of the council that were ongoing in the past year, even though they were developed in previous years (and as described by Mr. Dawson earlier in this meeting). Mr. Gorman noted that those activities were described in the meeting binder and could be attached to the report as an addendum.

Dr. Somers proposed that the draft report's paragraphs titled "Why Is This Important" be moved to the beginning of each relevant section. Those paragraphs also could be added to the letter that accompanies the report.

Process Improvement Subcommittee

Ms. Dukes stated that her subcommittee polled the NEMSAC members on process issues and recommendations that might be directed to the DOT. The subcommittee received responses from 17 NEMSAC members and ranked the suggestions based on frequencies of citation. Ms. Dukes passed out a draft list of resulting priority topics for discussion. One suggestion with strong interest was "The subcommittee should recommend a policy and procedure for the ability of a NEMSAC member to select his or her air carrier and hotel for meetings." The responding members also had offered suggestions for improving NEMSAC meeting efficiency and suggestions for new policies (for staggering membership, electing chair and vice chair, developing agendas).

Mr. Gorman further suggested that there be a process for recommending changes to the charter. For example, the council might propose changes in the term limitations for members or the bylaws. Mr. Dawson noted that the council members could continue to recommend any process changes (including changes to the charter) as long as they do not affect the statutes. The area of travel procedures likely cannot be altered. Ms. Dukes stated that the subcommittee will continue to refine the document, which will be handed over to the new NEMSAC membership for further discussion (with public comment). Dr. Cunningham suggested that NHTSA consider leadership in the period between this meeting and the first formal meeting of the new membership.

New Member Orientation Subcommittee

Dr. Cunningham handed out draft copies of the orientation booklet and slides for new NEMSAC members, developed by her subcommittee. Orientation will feature those two items as well as mentorship by some present council members. There will be a need for communication between the outgoing chair and incoming chair. Dr. Cunningham noted a draft letter from the subcommittee to Designated Federal Official Dawson (through NEMSAC chairman Reinert), recommending that orientation of the new NEMSAC members take place during an in-person meeting prior to their first full NEMSAC meeting. The orientation meeting perhaps could be paired with the spring FICEMS meeting, allowing the new members to experience that group's business.

Dr. Cunningham ran through the draft orientation booklet and draft slides, stressing elements such as the purpose and charter of the council, the history of the council, the transition process, and the process for electing the chair and vice-chair. The materials describe Roberts Rules of Order, mechanisms for suggesting topics for meeting agendas, ways in which the NEMSAC engages the EMS community, past NEMSAC accomplishments (e.g., advisories), and more. Finally, Dr. Cunningham presented a draft agenda for a 1-day in-person orientation of new members.

Mr. Mullins suggested that the subcommittee add a "why it is important that you are here" paragraph in the orientation booklet, along with testimonials from present NEMSAC members. Mr. Sinclair suggested that the next full NEMSAC meeting be a day longer, to help the new members get up-to-speed with the council's business and procedures.

Public Comment

David Khanoyan, of Tetra Tech AMT, described new strategies for preventing accidents in the use of helicopter EMS. The National Transportation Safety Board (NTSB) held a hearing on issues a few years ago and made recommendations to the Federal Aviation Administration (FAA). Mr. Khanoyan reviewed the recommendations and more recent efforts leading to the use of WAAS-enabled avionics, which improve helicopter landings especially in cases of low visibility (WAAS = Wide Area Augmentation System). He noted the support of his operations implementation team, which assisted in the development of the new approaches.

More infrastructure is needed. Mr. Khanoyan asked the NEMSAC members to help raise the profiles of helicopter safety issues and use of the new safer systems. Mr. Gorman suggested increasing the use of historical data for all helicopter events, to help deal with weather conditions and preflight decision making processes. One problem, noted Mr. Judge, is the lack of weather stations in many rural areas of the country. Mr. Mullins suggested that Mr. Khanoyan support development of an official report on implementation of the new systems.

Michael Peterson, of the American Ambulance Association, reported that his group has been tracking the closures of local ambulance services. More than 30 closed in the United States in the past year (some might have been replaced/reopened). Mr. Peterson passed around a list of closures and potential closures and encouraged the NEMSAC members to discuss the issues surrounding such closures. He noted that common reasons for closure are finances and a lack of volunteers. A key problem is the need for reimbursement. Regarding implications for service, Mr. Dawson cited the challenge of trying to determine geographic coverage areas. In fact, we do not have data on coverage gaps. Mr. Mullins cited the case of Arizona communities that have been taking part in community paramedicine and, as a result, have seen a reduction in the volume of ambulance transport. David Lucas suggested that quality of service is an even larger issue.

Dia Gainor, Executive Director of the National Association of State EMS Officials (NASEMSO), reported on her organization's new EMS Compass initiative, being conducted as a 2-year cooperative agreement with the NHTSA Office of EMS. The program's goal is to develop a system of performance measurement that can be used by EMS at all levels. It will develop measures, develop a guide for measurement, create a system for updating, and engage leadership in states and national organizations. More information is available at www.EMSCompass.org. Ms. Gainor also reported that the Recognition of EMS Personnel Licensure Interstate Compact has been filed as legislation in five states. Colorado likely will become the first state to enact the law. When 10 states enact the legislation, the compact will be activated.

DAY 2—WEDNESDAY, APRIL 1, 2015

Mr. Reinert called the meeting to order on the second day and asked the representatives of the three subcommittees to report on further work overnight.

Subcommittee Work: Presentations and Discussions (Part 2)

Process Improvement Subcommittee

Ms. Dukes presented a revised draft version of the document, which prioritizes the responses from the polling of NEMSAC members. The subcommittee removed questions already answered by the council's statute, charter, or bylaws, and added Mr. Gorman's recommendation to have the council propose changes to the charter. She also had added a reference to the new-member orientation packet, developed by Dr. Cunningham's subcommittee. Other aspects stressed in the document included processes for increasing efficiency (more teleconferences for subcommittees), for advancing

initiatives, for requesting travel choices, for requesting travel reimbursement, and for NEMSAC members to inform their respective sectors about duties within the NEMSAC. Ms. Dukes stated that a next step will be to present the draft document to the designated federal official, who can suggest further revisions.

In discussion, Mr. Mullins suggested that some of the process recommendations be inserted in the new member orientation document. Mr. Judge noted that the council does not have a formal process for self-evaluation. He suggested developing one. Mr. Gorman added that the policy document does not list expectations of the council members. Leaugeay Barnes suggested, regarding efficiency, that the effects of shifting membership in subcommittees be examined. Mr. Sinclair cautioned that the large amounts of time and energy put into issues of process might be at the expense of discussing issues important to the EMS community.

Mr. Lucas suggested that the letter from the subcommittee be voted on today, although it might be revised later. Mr. Dawson added that a sense of what the letter should contain would be sufficient for now. He noted that legal experts will review any ideas about changing the charter, and their opinions will be given to the council. Dr. Cooper added that the NEMSAC processes have been satisfactory.

Dr. Cooper made a motion to draft the letter from the chair to the designated federal official, outlining items for possible consideration. Dr. Somers seconded the motion. The council members agreed to withdraw the motion pending public comment.

NEMSAC Annual Report Subcommittee

Mr. Mullins reported that his subcommittee made changes to the draft annual report, following the previous day's discussion. His committee added a paragraph on the impact of the NEMSAC, stressing council work that led to actions during the year, and it moved the "why this is important" paragraphs to the beginning of their sections. The committee added text to the section on the EMS Education Agenda for the Future, noting that many states have used that document as a reference. In the section about EMS impact on health reform, the committee added the importance of community paramedicine. Content in the "why this is important" paragraphs was added to the transmittal letter.

In discussion, Nick Nudell suggested that the wording in the first bullet be changed, with "national performance measure" becoming "national EMS performance measures." Dr. Cooper suggested that the word "issued" be changed to "provided".

New Member Orientation Subcommittee

Dr. Cunningham reported that her subcommittee added to the NEMSAC structure section of the orientation booklet a reference to the Federal Advisory Committee Act (FACA) and a Web link. The subcommittee will send out invitations for all NEMSAC members to offer testimonials. Those will be added to the document. Perhaps some will be videos, with links.

Mr. Nudell noted that testimonial videos could help in other efforts, such as outreach to the public. Mr. Lucas suggested that the subcommittee add the following three initialisms to the glossary in the booklet: NENA (National Emergency Number Association), APCO (Association of Public-Safety Communications Officials), and NG9-1-1 (Next Generation 911).

Further Discussion About the Use of Naloxone

Mr. Dawson encouraged the NEMSAC members to consider the role of EMS systems broadly in discussing the issue of opioid overdose in the community. There are challenges and opportunities for EMS and for the council. Katrina Altenhofen suggested that EMS could support an awareness campaign. Mr. Nudell referred to statistics on the use of naloxone in the NEMSIS database, wondering whether the reported incidence is low because of poor data collection. We need to determine the size of the problem. Mr. Mullins suggested that there is a lack of evidence about the effectiveness of naloxone administration by nontraditional providers. There are data on the capacity of nontraditional providers to be trained in its use. Perhaps the NEMSAC could recommend research. Mr. Reinert proposed that the NEMSAC discuss fitting naloxone use into the larger system of care and consider the council's advisory role. Dr. Cunningham stated that training and physician oversight are important. Mr. Blackwood cited the benefits of good Samaritan laws.

Public Comment

S. Marshal Isaacs, M.D., of the University of Texas Southwestern Medical Center at Dallas, thanked the council for its efforts. He encouraged the NEMSAC members to continue to advocate for more grant funding to further the science about EMS. He stressed the lack of reimbursement strategies and called for changes in regulations, to allow for changes in the funding of alternative transports. Dr. Cooper noted success in the Emergency Applied Research Program for Pediatrics, improving the funding stream, and he hoped for the creation of a similar network for adult medicine.

Dia Gainor, of NASEMSO, also thanked the council, especially for the work on processes. She asked the council members to focus on the need to increase attendance in the program of Traffic Incident Management Training, and she noted ongoing efforts in the issue of military-to-civilian transition for paramedics. She noted that NASEMSO's document on state licensure rules can be found at the NASEMSO Web site and at emsworkforce.org.

Chuck Kearns, recently elected President of the National Association of Emergency Medical Technicians, announced that the association's "EMS on the Hill Day" will take place on April 29. His association also has been working to improve military-to-civilian transitions.

David Khanoyan, of Tetra Tech AMT, presented a short video that described an emergency helicopter program in Des Moines. The video focused on the benefits of using the WAAS technology, which aids navigation in low-visibility conditions.

Final Discussion and Decisions

Mr. Judge again raised the issue of opioid use, noting that it is a public health emergency. He stated that the problem will not be solved in the usual way in which EMS solves problems. The public likely must become engaged, including public administration of medications. Kenneth Miller, M.D., cited a need to reformulate the message about addressing a patient who is not breathing. The call takers need to be made fully aware of treatment options and aspects such as the use of injectors. Dr. Cooper suggested that EMS link to efforts involved in the broader problems of self-medication and abuse. Dr. Patterson encouraged attention to case reports on medicine administration by non-medical personnel.

Ms. Barnes noted that, in her area, funding for police to administer naloxone seems to be directed at urban areas rather than other areas. Mr. Nudell suggested that offering a naloxone pen to patients with opioid prescriptions might help with data collection (and tracking). Dr. Somers noted that having all police officers carrying naloxone will be expensive. He proposed offering naloxone to families and using a data-driven and local focus. Mr. Gorman encouraged the council members to maintain a national focus, stating that technology will drive medical care to the civilian level. He proposed that the new NEMSAC group take on this issue, including scope of practice, and considering structures in which procedures can be handed to civilians.

NEMSAC Annual Report Subcommittee

Mr. Gorman moved that the council approve the latest revised draft document, pending editorial changes. Mr. Sinclair seconded the motion. The NEMSAC members voted unanimously to approve the draft Annual Report.

New Member Orientation Subcommittee

Dr. Cooper moved to approve the letter to accompany the latest revised draft documents for new member orientation, pending editorial changes. Mr. Gorman seconded the motion. The NEMSAC members voted unanimously to approve the letter.

Mr. Judge asked that links to reference documents be included in the orientation documents. Dr. Cunningham noted that two additional initialisms will be added to the glossary—SAEM (Society for Academic Emergency Medicine) and PECARN (Pediatric Emergency Care Applied Research Network). She invited all NEMSAC members (current and former) to write and submit testimonials for the council.

Process Improvement Subcommittee

Dr. Cunningham moved to approve the letter to the designated federal official featuring recommendations by NEMSAC members for process improvement. Mr. Lucas seconded the motion. The NEMSAC members voted unanimously to approve the letter.

Roundtable and Emerging Issues

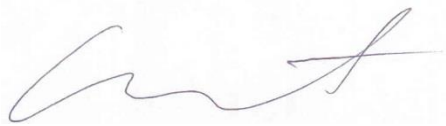
- Mr. Blackwood stated his appreciation for the educational experience of serving on the council. It has aided him in communications about EMS issues in Georgia.
- Ms. Barnes proposed that the council discuss further the issues of human trafficking and the professionalization of EMS. Other important topics are funding EMS and promoting EMS as an essential service.
- Mr. Sinclair stressed the issue of poor reimbursement systems and encouraged the council members to be the squeaky wheel that can stimulate change.
- Dr. Cooper expressed enthusiasm for developing an updated EMS agenda for the future. He proposed creating a funding agenda for the future and addressing integrated health care.
- Ms. Dukes expressed hope that the council will take up the issues of human trafficking and recruitment/retention of EMS workers.
- Mr. Lucas thanked the NEMSAC members for emphasizing that EMS is a partner with the 911 community.
- Mr. Judge called for discussions about air medical transport issues (cost reporting, reimbursement, value-based purchasing, use of quality measures, utilization). He cited the need to address the funding of trauma centers.
- Dr. Patterson called for efforts to make EMS more visible in communities—to advocate for its importance. He encouraged the council to work with the Association of Schools and Programs of Public Health.
- Mr. Gorman expressed thanks to the NEMSAC members, to the NHTSA staff, and to Ms. Gainor. He cautioned that lack of funds will make for difficult decisions in the future and noted that EMS changes are likely. He proposed that the council create a subcommittee to address how NEMSAC might make a difference.
- Mr. Reinert supported developing a data agenda for the future and continuing discussions about volunteering and handling opioids.
- Dr. Band encouraged the council to streamline processes, to prioritize, and to encourage funding for research.
- Mr. Mullins, referring to call takers, raised the need to distinguish the types and levels of emergencies. He called for discussion about the use of medical records.

- Mr. Nudell cited the issue of professionalizing paramedics and the fact that EMS has lagged in new approaches/technologies in the use of data.
- Dr. Miller stated that science, data, and money are key issues to be addressed.
- Gary Wingrove stressed the issue of the availability of medicinal drugs.

Adjournment

Mr. Reinert thanked the NEMSAC members, the federal liaisons, and the public attendees. The council members voted for adjournment.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.



Aarron Reinert , Chair, NEMSAC

4/28/2015

Date

These minutes will be considered formally for approval by the council at its next meeting. Any corrections or insertions will be made in the minutes at that time.